


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 038 ****61.25

DOCUMENT # 755955 1. Entity Name PERDIDO TOWERS OWNERS ASSOCIATION, INC.					
Principal Place of Business 16785 PERDIDO KEY DR PENSACOLA, FL 32507 US				Mailing Address P.O. BOX 34009 PENSACOLA, FL 32507 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2142185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HODGES, SHEILA MEYER REAL ESTATE 16785 PERDIDO KEY DRIVE PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, DAVID P.O. BOX 729 SUMMIT, MS 39666	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUGH, ROY 17 AUGUSTINE DRIVE BROWNSBURG, IN 46112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, THOMAS 1046 WESTBROOKE WAY NE ATLANTA, GA 30319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, DOUG 2408 BARAN VISTA PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, SANDRA 1 THE OAKS CIRCLE BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, GLEN 4921 NEW PROVIDENCE AVE TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Roy L. Baugh</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-19-08 317-682-8209					

ATTACHMENT

40027787
#755955

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2ND ADDITIONAL PAGE

DOCUMENT # 755955

1. Entity Name: PERDIDO TOWERS OWNERS ASSOCIATION, INC
16785 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

PLEASE ADD THE ADDITIONAL OFFICERS AND DIRECTORS TO THE REPORT.

Title- Vice-President
Name- Timothy A. Larson
Address- 16785 Perdido Key Drive Apt#701E
City-ST-Zip- Pensacola, FL 32507

Title- Director
Name- Mary Coral Murphree
Address- 1313 Sierra Blvd. SE
City-ST-Zip- Huntsville, AL 35801

Title- Director
Name- Donna Flower
Address- 1476 Calhoun Street
City-ST-Zip- New Orleans, LA 70118

Title- Director
Name- Wayne Dawson
Address- 6606 Highway 98 West Suite 1
City-ST-Zip- Hattiesburg, MS 39402

Title- Director
Name- Bill McGehee
Address- 404 South Street
City-ST-Zip- Talladega, AL 35160